Salisbury Walk-In Health Centre

Quality Report

Salisbury Walk-in Health Centre
Avon Approach
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wilcodoc (also known as Salisbury Walk-In Centre) on 21 March 2017. The service provides an out of hours service. Overall the service is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for recording, reporting and learning from significant events.
- Risks to patients were assessed and well managed.
- Patients' care needs were assessed and delivered in a timely way according to need.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- There was a system in place that enabled staff access to patient records, and the out of hours staff provided other services, for example the local GP and hospital, with information following contact with patients as was appropriate.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The service worked proactively with other organisations and providers to develop services that supported alternatives to hospital admission where appropriate and improved the patient experience.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding service:

- The service worked closely with local GP practices and the clinical commissioning group to review the needs of its local population and to secure improvements to services where these were identified. We saw

Summary of findings

numerous examples of innovative service developments that had been proposed and implemented by the service to support local needs. For example, in response to an increase in the number of children attending the local accident and emergency unit with a minor illness and an increase in non-elective admissions, the service had worked with local GP practices and the local clinical commissioning group (CCG) to develop a specialist out-of-hours paediatric service that had reduced hospital attendance and admissions by this group of patients.

The areas where the provider should make improvement are:

- Review the need to assess the clinical needs of patients who may have to wait more than 30 minutes to be seen.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The service is rated as good for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- There was an effective system in place for recording, reporting and learning from significant events
- Lessons were shared to make sure action was taken to improve safety in the service.
- When things went wrong patients were informed in keeping with the Duty of Candour. They were given an explanation based on facts, an apology if appropriate and, wherever possible, a summary of learning from the event in the preferred method of communication by the patient. They were told about any actions to improve processes to prevent the same thing happening again.
- The walk-in service had clearly defined and embedded system and processes in place to keep patients safe and safeguarded from abuse.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Are services effective?

Good

The service is rated as good for providing effective services.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Clinicians provided care to walk-in patients based on current evidence based guidance.
- The service had conducted one audit of patient consultations in the last six months.
- We saw evidence the service met most of nationally recognised standards for care. However the provider should ensure regular audits of patient consultations are carried out, and review the need to assess the clinical needs of patients who may have to wait more than 30 minutes to be seen.

Summary of findings

Are services caring?

Good

The service is rated as good for providing caring services.

- Feedback from the large majority of patients through our comment cards and collected by the provider was very positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients were kept informed with regard to their care and treatment throughout their visit to the out-of-hours service.

Are services responsive to people's needs?

Good

The service is rated as good for providing responsive services.

- The service worked closely with local GP practices and the clinical commissioning group to review the needs of its local population and to secure improvements to services where these were identified.
- We saw numerous examples of innovative service developments that had been proposed and implemented by the service to support local needs.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The service had systems in place to ensure patients received care and treatment in a timely way and according to the urgency of need.
- Information about how to complain was available and easy to understand and evidence showed the service responded quickly to issues raised. The service told us that following an audit of complaints they had identified that letters being sent to patients did not include information about how to escalate the complaint if the patient was not satisfied with the service's response, in line with guidance from NHS England and the services own complaints policy. The service told us they had taken steps to address this and we saw evidence of this.
- Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The service is rated as good for being well-led.

Summary of findings

- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The service had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty. The service had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The service proactively sought feedback from staff and patients, which it acted on.

Summary of findings

What people who use the service say

We looked at various sources of feedback received from patients about the out of hours service they received. Patient feedback was obtained by the provider via the friends and family test on an ongoing basis and was included in their contract monitoring reports. Data from the provider showed that in the two months of January and February 2017, of 135 respondents 124 (92%) said they were likely or extremely likely to recommend the service to friends and family. Nine gave a neutral answer and two (1.5%) said they were unlikely to recommend the service.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards of which 27 were positive about the standard of care received. Patients said the staff were friendly, helpful and efficient, and the service was very good. Five comment cards were mixed and the concerns mentioned were long waiting times and a lack of chairs.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought that staff were approachable, committed and caring.

Salisbury Walk-In Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector and a nurse specialist adviser.

Background to Salisbury Walk-In Health Centre

Salisbury Walk-In Centre is a GP led service providing care when GP practices are usually closed. It is situated in the centre of Salisbury. The service is in a purpose built building which is used for the provision of other medical services. These services are usually closed when the Salisbury Walk-In Centre is open. Some facilities, such as the waiting room and toilets are shared with these services. All patient services are located on the ground floor which include; two consulting rooms and a reception. There was an automatic front door, a loop system for the hard of hearing and a toilet with access for people with disabilities.

The general Index of Multiple Deprivation (IMD) population profile for the geographic area of Salisbury is in the second least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score.) Average male and female life expectancy for the clinical commissioning group area is 80 and 84 years, which is above the national average of 79 and 83 years respectively.

The Salisbury Walk-in Centre service is provided by Wilcodoc Limited. Leadership is provided by five directors, three of whom are GPs. One of the GP directors was the Registered Manager and the service manager had been registered with the CQC as the Nominated Individual so they could speak to the CQC on behalf of the service.

The service is delivered by two salaried GPs who cover approximately 20% of the opening hours with the remaining 80% being covered by a bank of regular locum GPs and one advanced nurse practitioner locum. They are supported by two receptionists. There is a service manager and four directors of the service who also provide support.

The service is open between 6.30pm and 10pm from Monday to Friday, and between 8am and 8pm on Saturday, Sunday and all bank holidays. There is no appointment system. Patients turn up and are seen in order of arrival unless a patient is identified as having a medical priority.

The Salisbury Walk-in Centre service is commissioned by the Wiltshire Clinical Commissioning Group.

The service provides services from the following site:

- Salisbury Walk-in Health Centre, Avon Approach, Salisbury, Wiltshire, SP1 3SL

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We carried out an announced visit on 21 March 2017.

During our visit we:

- Spoke with five directors of the company Wilcodoc which delivers the Salisbury Walk-in Centre service, two GPs, the service manager and two receptionists
- Spoke with six patients who used the service.
- Observed how patients were treated and talked with carers and/or family members
- Inspected the out of hours premises, looked at cleanliness and the arrangements in place to manage the risks associated with healthcare related infections.
- We reviewed the arrangements for the safe storage and management of medicines and emergency medical equipment.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Please note that when referring to information throughout this report, for example any reference to the National Quality Requirements data, this relates to the most recent information available to the CQC at that time.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the service manager of any incidents and there was a recording form available on the service's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, an explanation based on facts, an apology where appropriate and were told about any actions to improve processes to prevent the same thing happening again.
- The service carried out a thorough analysis of the significant events and ensured that learning from them was disseminated to staff and embedded in policy and processes. Lessons learnt were discussed at staff meetings which were structured around learning and training to encourage attendance by the bank staff and minutes where shared with all staff via the service intranet.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the service. For example, the annual review of significant events, incidents and near misses conducted in August 2016, stated that the records were disorganised and did not show a clear investigation and recommendations for each significant event recorded. As a result the service leaders had introduced a computer based record keeping system and provided training to staff on how to use the system.

Overview of safety systems and processes

The service had clearly defined and embedded systems, processes and services in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three and the advanced nurse practitioner to level two.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The service had conducted an audit of their chaperone arrangements.
- The service maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There was a system in place to ensure equipment was maintained to an appropriate standard and in line with manufacturers' guidance, e.g. annual servicing of fridges including calibration where relevant.
- We reviewed three personnel files including bank staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body, appropriate indemnity and the appropriate checks through the Disclosure and Barring Service.

Medicines Management

- The arrangements for managing medicines at the service, including emergency medicines and vaccines, kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The service did not hold controlled medicines. The service carried out regular medicines audits, with the support of

Good

Are services safe?

the local CCG medicines management team, to ensure prescribing was in accordance with best practice guidelines for safe prescribing. For example, we saw they had recently conducted an audit of antibiotic prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in areas accessible to all staff that identified local health and safety representatives. The service had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Clinical equipment that required calibration was calibrated according to the manufacturer's guidance. The service had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The service had an on-call system to ensure extra GPs could be provided when necessary and a capacity planning policy which set out the circumstances in which additional staff were to be called in. For example, to assist if waiting times exceed two hours or to assist during medical emergencies.

Arrangements to deal with emergencies and major incidents

The service had adequate arrangements in place to respond to emergencies and major incidents.

- There was an effective system to alert staff to any emergency.
- All staff received annual basic life support training, including use of an automated external defibrillator.
- The service had a defibrillator available on the premises and oxygen.
- A first aid kit and accident book were available.
- Emergency medicines were easily accessible and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best service guidelines.

- The service had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The service monitored that these guidelines were followed.
- The service had developed a computer based consultation recording template in partnership with an IT developer which ensured all essential steps were carried out in line with best practice guidance and the information correctly recorded.

Management, monitoring and improving outcomes for people

We looked at the performance data given to the Wiltshire Clinical Commissioning Group by the provider covering October, November and December 2016 and discussed in contract review meetings.

We looked at the data collected by the service which showed that in the three month period of October, November and December 2016, 98% of patients were seen within two hours. There was a system for alerting the GP if a patient needed emergency treatment, but there was no system for assessing if patients needed urgent care. We discussed this with the provider who told us the service was not commissioned to provide urgent care, although they did have an effective system to treat patients who needed care in an emergency.

The service was unable to provide evidence of regular audits of patient contacts. We saw evidence that the provider had an audit process which used a standardised tool they had developed to ensure current standards were met, according to national and best practice guidelines for Walk-in Centres. These say providers must regularly audit a random sample of patient contacts and take appropriate action on the results of those audits. As a result of service changes in August 2016 and a move to using more locum staff the service had decided to increase the frequency of these audits from annually to every three months. We saw evidence that lessons learnt from the audit conducted in August 2016 had been shared with all clinicians. For example, the audit noted that two clinicians had not used the services consultation template which had led to some inadequate coding. We saw meeting minutes which showed this finding had been discussed at a staff meeting.

We saw evidence that the service had an effective system for sending details of consultations to the practice where the patient was registered by 8am the next working for all patients who provided details of their registered GP.

There was evidence of quality improvement including clinical audit.

- We saw examples of three audits completed in the last six months where the improvements made had been implemented and monitored.
- The service participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the service to improve services. For example, they conducted a six monthly audit of opiate prescribing. One recommendation from the audit conducted in August 2016 was that any prescribing of methadone or diamorphine (controlled drugs that can be sought after by drug misusers) should also be logged as a significant event. We saw evidence the lessons learnt and action plan was shared with clinicians. We saw evidence that clinicians had been reminded of the service prescribing protocols which limit such prescribing.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The service had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. New staff were also supported to work alongside other staff and their performance was regularly reviewed during their induction period.
- The service had an induction programme for locum GPs and nurses that included an internet based presentation.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff.

Good

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of service development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, and clinical supervision. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- On the day of our inspection the service was unable to provide details of the training undertaken by the service directors, some of whom were on the backup GP rota, however they subsequently provided information to evidence that they had all received the appropriate training.

Coordinating patient care and information sharing

We saw evidence that the service sent details of consultations (including appropriate clinical information) to the practice where the patient is registered by 8am the next working day (where the patient had consented to this).

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system and their intranet system.

- This included access to required 'special notes' and summary care record which detailed information provided by the person's GP. This helped the out of hours staff in understanding a person's need.
- The service shared relevant information with other services in a timely way, for example when referring patients to other services.
- The provider worked collaboratively with the NHS 111 providers in their area.
- The provider worked collaboratively with other services. Patients who could be more appropriately seen by their registered GP or an emergency department were referred. If patients needed specialist care, the service, could refer to specialties within the hospital.

The service worked with other service providers to meet patients' needs and manage patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear clinical staff assessed the patient's capacity and, recorded the outcome of the assessment.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

84% of 32 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said the staff were friendly, helpful and efficient, and the service was very good. Five comment cards gave a mixed response and the concerns they mentioned were long waiting times and a lack of chairs.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Patient feedback was obtained by the provider via the friends and family test on an ongoing basis and was included in their contract monitoring reports. Data from the provider showed that in the two months of January and February 2017, of 135 respondents 124 (92%) said they were likely or extremely likely to recommend the service to friends and family. Nine gave a neutral answer and two (1.5%) said they were unlikely to recommend the service.

We saw evidence that the service submitted a regular report to the contracting CCG on the data collected from patients about their experience of the service.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

The service provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Facilities for people with hearing impairment e.g. hearing aid loop.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service regularly reviewed the needs of its local population and engaged with its commissioners and other local GP practices to secure improvements to services where these were identified. We saw numerous examples of innovative service developments that had been proposed and implemented by the service to support local needs. For example,

- In response to an increase in the number of children with minor illness attending the accident and emergency unit at the local hospital and an increase in non-elective admissions, the service had developed a specialist out-of-hours service. They had worked with local GP practices and the local clinical commissioning group (CCG) who funded a 3 month pilot service which was delivered by Salisbury Walk-in centre. The service was advertised by various methods including social media and referrals were taken from NHS 111, local GP practices and self-referrals. Lessons learnt from the pilot had been discussed with the local GP practices and the CCG and we saw evidence that the pilot scheme may have prevented 300 paediatric attendances at the local accident and emergency department.
- In response to concerns that there were patients in the local hospital that were not being discharged although they were medically fit for discharge, the service had developed a pilot scheme to look at why patients were not being discharged. They had worked with local GP practices and the local clinical commissioning group (CCG) who funded the pilot. We saw evidence that during the three week pilot the service facilitated the discharge of 15 patients and following a review of the lessons learnt it was being repeated in another local hospital.
- In response to the national challenges of recruiting GPs and the number of vacancies in local GP practices, the service had developed a newly qualified GP leadership programme. The aim of this programme was to support newly qualified GPs and allow them to work initially as sessional GPs in the walk-in centre and the GP practices which were part of the scheme. We saw evidence 14 surgeries had signed up to the scheme which aimed to start recruiting newly qualified GPs later in the year.
- The service was an early adopter of computer templates which supported GP consultations and helped ensure the information was correctly recorded. We saw the service continued to be involved with the development of these templates.
- In response to data which demonstrated that two of the top three reasons for patients attending the service was to request emergency contraception or for a urinary tract infection, the service had started offering free chlamydia testing kits.

Access to the service

The service was delivered from a purpose built building which had an automatic front door, a loop system for the hard of hearing and a toilet with access for people with disabilities. All services were on the ground floor.

The service was open between 6.30pm and 10pm from Monday to Friday, and between 8am and 8pm on Saturday, Sunday and all bank holidays. There was no appointment system. Patients attended the service and were seen in order of arrival. If a patient was identified as requiring urgent medical attention, they were seen as a priority. The service also had a system in place to alert medical staff to patients who may need urgent medical attention.

The service was delivered by two salaried GPs who covered approximately 20% of the opening hours with the remaining 80% being covered by a bank of regular locum GPs. On some occasions one of the GP roles was taken by a locum Advanced Nurse Practitioner. The clinical team on duty were supported by two receptionists. There was a service manager and four directors of the service who also provide support but were not always on site when the service was open.

There were back up on-call arrangements in place so extra staff could be called in the event of sickness or other events and to ensure there was always two clinicians on duty during opening times. This rota included the GP service director.

Feedback received from patients from the CQC comment cards indicated that in most cases patients were seen in a timely way. Five comment cards were mixed and a common concern mentioned was long waiting times. During the inspection we discussed some of the patient feedback complaining of long waiting times. We were told that in August 2016, in agreement with the CCG, the weekday opening times of the service were reduced from

Good

Are services responsive to people's needs?

(for example, to feedback?)

8am to 8pm to the current hours. This had meant they often had a queue of patients waiting when they opened at 6.30pm. We were told it was not practical to employ a GP for the short time it would take to reduce the queue. Patients were normally seen within two hours of arrival.

Listening and learning from concerns and complaints

The service had a system in place for handling complaints and concerns that was consistent with the principles of the NHS complaints process and their contractual obligations.. We saw evidence that the provider reported anonymised details of each complaint, and the manner in which it has been dealt with, to the CCG four times a year. The service told us that following an audit of complaints they had identified that letters being sent to patients did not include information about how to escalate the complaint if they were not satisfied with the service's response, in line with guidance from NHS England and the services own complaints policy. The service told us they had taken steps to address this. We looked at the one complaint received since this audit had been conducted and found the final letter included information about the escalation process.

We saw evidence that showed:

- Complaints were dealt with in an open and transparent manner.
- There was a designated responsible person who co-ordinated the handling of all complaints in the service.
- We saw that information was available to help patients understand the complaints system.
- Lessons were learnt from individual concerns and complaints and also from analysis of trends that and action was taken to as a result to improve the quality of care.

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The service had a clear vision to deliver high quality care and promote good outcomes for patients.

- The service had a mission statement and staff knew and understood the values.
- The service had a robust strategy and supporting business plans that reflected the vision and values and were regularly monitored.

Governance arrangements

The Salisbury Walk-in Centre service was provided by Wilcodoc Limited. The organisation was led by five company directors, three of whom were GPs. One of the GPs was the Registered Manager. We saw each director led on a different service area. For example, one of the medical directors led on service delivery and health and safety, another led on staffing and information governance.

The service had an overarching governance framework that supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Service specific policies were implemented and were available to all staff.
- The provider had a good understanding of their performance against National Quality Requirements. These were discussed at board level. Performance was shared with staff and the local clinical commissioning group as part of contract monitoring arrangements.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the provider of the service demonstrated they had the experience, capacity and capability to run the service and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The service had systems in place to ensure that when things went wrong with care and treatment:

- The service provided an explanation based on facts and an apology where appropriate. A recent audit of complaints had identified that letters being sent to patients did not include information about how to escalate the complaint if they were not satisfied with the service's response, in line with guidance from NHS England. The service told us they had taken steps to address this.

There was a clear leadership structure in place and staff felt supported by management.

- There were arrangements in place to ensure the staff were kept informed and up-to-date.
- Staff told us there was an open culture within the service and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the providers. Staff had the opportunity to contribute to the development of the service.

Seeking and acting on feedback from patients, the public and staff

The service encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The service had gathered feedback from patients through surveys and complaints received.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- Staff told us they felt involved and engaged to improve how the service was run.

Continuous improvement

There was a clear ethos of continuous learning and improvement that was expressed by the service directors and evidenced by the range of service developments they had initiated. The service team was forward thinking and had initiated and led on local pilot schemes to improve outcomes for patients in the area. For example, an out of hours service for children, and a service to look at why patients were not being discharged from hospital.